

HAWAII STATE ETHICS COMMISSION DISCLOSURE OF FINANCIAL INTERESTS (LONG FORM)

NAME (Last, First, Middle) KAWAFUCHI, KURT KENJI	STATE POSITION HELD: (Dept/Div or Board/Commission) Director of Taxation TERM OF OFFICE (Begin/End): / 2/2003
--	--

FOR EACH ITEM, EXCEPT ITEM 9, DISCLOSE INTERESTS OF FILER, SPOUSE, AND DEPENDENT CHILDREN. USE THE ABBREVIATIONS: "F" for filer, "SP" for spouse, "DC" for dependent children, and "JT" for joint interests of the spouse and filer.

ITEM 1: INCOME FOR SERVICES RENDERED FOR PRECEDING CALENDAR YEAR

List the source (the term "source" also includes any state or other government agencies) and amount of all income of \$1,000 or more received during the preceding calendar year, for services rendered, and the nature of the services rendered.

F,SP,DC,JT	NAME AND ADDRESS OF SOURCE OF INCOME	AMOUNT	SERVICES RENDERED
	University of Hawaii Accounting 407: Taxation of Business Entities (2 courses) Accounting 639: Multijurisdictional Taxation Accounting 633: Advanced Corporate Taxation Finance 490f: Estate Planning	\$4,400 (Approx.) per course (less paid to co-instructors)	Instructor
	Hawaii Pacific University Finance 3000 Business Finance Finance 6530/Accounting 3390 Estate Planning	\$2,300 - \$3,468 per course (less amount paid to co-instructors)	Instructor

[] Check here if entry is None

☐ Check here if additional sheets are attached

ITEM 2: OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List the amount and identity of every ownership or beneficial interest held during the disclosure period in any business incorporated, regulated, or licensed to carry on business in the State if the interest has a value of \$5,000 or more or is equal to 10% or more of the ownership of the business.

F,SP, DC,JT	BUSINESS NAME AND ADDRESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE OR NO. OF SHARES
	<p>Because I have worked for 18 years, I am single, and saved money. I have mutual funds/money market accts at the following brokerage houses- mostly acquired prior to joining the state:</p> <p>Morgan Stanley Bernstein Salomon Smith Barney</p> <p>457 Plan Mutual Funds AG Edward Stock in Microsoft, AOL, CMGI, HP, CISCO Hi-Tech Stock</p>			<p>(Approx. values)</p> <p>60,000 40,000 40,000 rollover 20,000 35,000 15,000</p>

☐ Check here if entry is None☐ Check here if additional sheets are attached

ITEM 3: TRANSFER OF OWNERSHIP OR BENEFICIAL INTERESTS IN BUSINESSES

List any ownership or beneficial interests in businesses transferred during the disclosure period and the date of transfer.

F,SP, DC,JT	OWNERSHIP OR BENEFICIAL INTEREST TRANSFERRED DURING THIS DISCLOSURE PERIOD	DATE OF TRANSFER
	Sold approx 40 shares of CMGI Purchased for \$98 and sold for \$.93	12/02
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached		

ITEM 4: CREDITORS

List the name and address of each creditor to whom the value of \$3,000 or more was owed during the disclosure period and the original amount and amount outstanding (excluding debts arising out of retail transactions or the purchase of consumer goods).

F,SP, DC,JT	NAME OF CREDITOR AND ADDRESS	ORIGINAL AMOUNT OWED	AMOUNT OUTSTANDING
	None		
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached			

ITEM 5: OFFICERSHIPS, DIRECTORSHIPS, TRUSTEESHIPS

List every officership, directorship, trusteeship, or other fiduciary relationship held during the disclosure period in any business or organization, the term of office, and the annual compensation.

F,SP, DC,JT	NAME AND ADDRESS OF BUSINESS	TITLE HELD	TERM OF OFFICE	ANNUAL COMPENSATION
	Chair – Hawaii Society of CPAs	Chair, Tax Committee	7/99-Current	None
	UCLA Annual Tax Controversy	Director	7/01-Current	None
	Chaminade Hawaii Tax Institute	Advisory Board Member	2001-Current	None
	University of Hawaii at Manoa	Advisory Board Member	2001-Current	None
	Manoa-School of Accountancy	Advisory Board	2001-Current	None
<input type="checkbox"/> Check here if entry is None <input type="checkbox"/> Check here if additional sheets are attached				

ITEM 6: INTERESTS IN REAL PROPERTY HELD IN THE STATE

List interests in real property in the State, held during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	STREET ADDRESS	TAX MAP KEY NUMBER	VALUE
	Trustee of Deceased Mother's Trust (Grace S. Kawafuchi Family Trust) The trust owns ½ interest in each property	1 1 3 012 020 1 3 3 015 089	Approx value of ½ interest 250,000 250,000

☐ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 7: INTERESTS IN REAL PROPERTY ACQUIRED**

List interests in real property in the State, acquired during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION PAID	NAME OF PERSON RECEIVING THE CONSIDERATION
	None		

☐ Check here if entry is None☐ Check here if additional sheets are attached**ITEM 8: INTERESTS IN REAL PROPERTY TRANSFERRED**

List interests in real property in the State, transferred during the disclosure period, if the interest has a value of \$10,000 or more.

F,SP, DC,JT	TAX MAP KEY NUMBER & STREET ADDRESS	AMOUNT & NATURE OF CONSIDERATION RECEIVED	NAME OF PERSON FURNISHING THE CONSIDERATION
	None		

☐ Check here if entry is None☐ Check here if additional sheets are attached

ITEM 9: CLIENTS PERSONALLY REPRESENTED BEFORE STATE AGENCIES

List the names of clients personally represented by you before state agencies, except in ministerial matters, for a fee or compensation during the disclosure period, excluding clients represented before courts.

NAME OF CLIENT	NAME OF STATE AGENCY
None	

☐ Check here if entry is None

☐ Check here if additional sheets are attached
ITEM 10: CREDITOR INTERESTS IN INSOLVENT BUSINESSES

List the amount and identity of every creditor interest in insolvent businesses, held during the disclosure period, if the interest has a value of \$5,000 or more.

F,SP,DC,JT	NAME AND ADDRESS OF BUSINESS	NATURE OF BUSINESS	NATURE OF INTEREST	VALUE
	None		STATE OF HAWAII STATE ETHICS COMMISSION	RECEIVED 04 JUN -1 16:43

☐ Check here if entry is None

☐ Check here if additional sheets are attached

CERTIFICATION: I hereby certify that the above is a true, correct, and complete statement to the best of my knowledge and belief. If I have a spouse and/or dependent children, I also hereby certify that I have included their interests on this form to the best of my knowledge and belief. I understand that it is a violation of State law, chapter 84, HRS, if information is not disclosed as required by chapter 84, HRS. I further understand that there are statutory penalties for noncompliance.

SIGNATURE

DATE

May 30, 2004